

Chairperson
Iowa Board of Medical Examiners
400 SW 8th, Suite C
Des Moines, IA 50309-4686

RE: Charles Thomas McGlynn, M.D.
Iowa License No. 33930
Voluntary Surrender

Dear Chairperson:

You are hereby notified that in accordance with the provisions of section 148.8 of the Code of Iowa (2003), this letter shall constitute my voluntarily surrender of the enclosed Iowa license, number 33930, to practice medicine and surgery.

You are notified that I fully understand that upon the Board's acceptance of this voluntary surrender of my medical license, I may no longer engage in the practice of medicine and surgery as a physician in the State of Iowa, effective April 3, 2003. I hereby absolve and release the Iowa Board of Medical Examiners from any further right, claim, or title to the enclosed certificate of license, and to any of the rights, privileges and honors pertaining thereto. I further understand that I am not eligible to reapply for medical licensure in the State of Iowa. This document is a public record and pursuant to federal law must be reported to the National Practitioner Data Bank.

This written statement of my intention to voluntarily surrender my medical license is being signed by me on this 3/7 day of _____, 2003, as my own voluntary act and deed.


Charles Thomas McGlynn, M.D.

Subscribed and sworn to before me on 3/7/03, 2003.

Notary Public, State of Ruby M. Stevens

